

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|-------------|----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>SW</i> | <i>32</i> | <i>1/31</i> |
| FORMALITY REVIEW | <i>CK</i> | <i>1034</i> | <i>4-11-01</i> |
| RESPONSE FORMALITY REVIEW | <i>AP</i> | <i>1110</i> | <i>8-1-01</i> |
| | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|-------------|
| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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